

# Suicide and Culture

## Understanding the Context



Erminia Colucci and David Lester (Editors)  
with Heidi Hjelmeland and B. C. Ben Park



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# Suicide and Culture

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## **Dedication**

*In memory of Prof. Guido Petter, an inspiring scholar, a talented writer, and a great man.*



## Endorsements of the Book

Suicide is fundamentally a social act, suffused with personal and collective meaning. In this volume by Colucci and Lester, a group of international scholars explore the cultural contexts, causes and consequences of suicide. This engagement with culture provides insights into the social determinants of suicide and promises renewed attention to lived experience. By taking culture seriously, the contributors have produced a path-breaking book that can inform the next generation of suicide research, clinical practice and prevention.

*Laurence J. Kirmayer, MD, James McGill Professor & Director, Division of Social & Transcultural Psychiatry, McGill University, Montreal, Quebec, Canada; Head of Social Axis, FRSQ Suicide Research Network; Director of Culture & Mental Health Research Unit, Montreal, Quebec, Canada; Editor-in-Chief of Transcultural Psychiatry*

Are conventional biological and medical models used by psychiatry sufficient to understand (and to prevent) suicide? This unconventional and innovative book provides theoretical analyses and field studies that consider suicide not just as an event determined by some psychiatric disease but rather as a complex phenomenon determined by cultural and social determinants. The book offers convincing arguments and a broad spectrum of concrete multinational and multicultural examples showing the role of culture in determining suicidal behaviour. This perspective has significant implications for public health: A deeper cultural understanding should be seen as the way towards more effective prevention strategies. This book tells us that it is time for psychiatry to pay more attention to different epistemological models and to different disciplines in order to really understand and effectively prevent suicide. It is an eye-opening book which also will hopefully open the minds of all professionals concerned with suicide and suicide prevention encouraging them to use more culture-oriented and multidisciplinary approaches and attitudes.

*Prof. Benedetto Saraceno, MSc, MD, FRCPsych, Calouste Gulbenkian Professor of Global Health, University Nova of Lisbon, Portugal; Director of WHO Collaborating Center on Mental Health, University of Geneva, Switzerland*

*Suicide and Culture: Understanding the Context* is a wise, excellent, and original book, full of details about the relevance and importance of culture in the suicidology field. Uptodate and modern, it is an important book for all persons involved in suicide prevention and provides clear insight into the role of culture in suicidal behavior. This book shows that it is impossible to understand human beings if they are divorced from their culture.

*Prof. Sergio Perez, MD, Founder of World Psychiatric Association's Suicidology Section and Founder of World Suicidology Net*

This volume brings together fundamental questions about the meaning and construction of suicide as a social phenomenon expressing wider social ills and structures as well as individual dispositions. By necessity the authors have to tackle the meaning of culture and unpack research traditions, including epidemiological and more hermeneutic



research methods. They take up prejudices found within and across these traditions and push for interdisciplinary maturity to better understand the complexities involved in suicidal acts. The chapters incisively take up the relevance of religion, present national and international comparisons of rates and meanings, and the impact on indigenous peoples and migrants. Including original new data as well as summaries of previous literature, the book provides a valuable and provocative set of issues that surely will motivate researchers, policy makers, and clinicians to progressively understand and prevent suicide among people from diverse cultural backgrounds. This valuable book, if well used, will not only help to save human life and human capital, but also help society to understand a fundamental philosophical issue facing us all: the meaning of life and the value we place upon it.

*Prof. Kamaldeep Bhui, BSc, MBBS, MSc, MSc, MD, FRCPsych, Professor of Cultural Psychiatry & Epidemiology, Wolfson Institute of Preventive Medicine, Queen Mary University of London, UK*

While we often hear that most suicides are associated with mental disorders, a majority are also associated with “social disorders,” including those in the cultural, economic, religious, and familial structures of society. The present book shows how culture exists independent of the individual psyche and biology. It provides new analyses including the relationship between cultural approval of suicide and suicide attempts in India, Australia, and Italy, and the role of cultural change in producing a fourfold increase in suicide rates over just 20 years in Korea. By calling attention to the role of culture in shaping suicide risk, it should stimulate work which will integrate the hegemonic individual perspective with the fertile but neglected social perspective on suicide.

*Prof. Steven Stack, Departments of Psychiatry & Criminology, Wayne State University, Detroit, MI USA*

I was completely captivated by the book, which is a landmark in the study of culture and suicide. A perfect mix of precision and compassion.

*Prof. Lakshmi Vijayakumar, MBBS, DPM, PhD, FRCPsyc, Founder of SNEHA; Honorary Associate Professor, Melbourne University, Australia; Adjunct Professor, Australian Institute for Suicide and Research Prevention, Griffith University, Australia*

Culture has indeed been sorely neglected in suicidology. This book addresses the bias in suicidology of looking at pathology, including depression, and neurobiology, and in particular seeing suicide as an individual phenomenon. The authors show that suicide enters the mind through culture, that it is a cultural phenomenon, a cultural syndrome or idiom, and at its core a social problem. This book is a wake-up call to suicidologists.

*Prof. Michael Kral, PhD, Associate Professor of Psychology and Anthropology, University of Illinois at Urbana-Champaign, IL*

# Foreword

Cultures inevitably affect the way individuals express emotional distress. For a considerable period of time, suicide in all its manifestations has been of great interest in not only epidemiological and psychiatric contexts but also in social and cultural dimensions as well. There has been sufficiently rigorous epidemiological evidence to indicate that rates of suicide do vary across nations and cultures as well across time periods. These variations are related to a number of factors – some clearly understood and others not so. Cultures influence the method of suicide and underlying attitudes to self-harm and suicide. The challenge and ethical dilemma for mental health professionals is to determine whether all cases of suicide have an underlying psychiatric disorder. The role of the psychiatrist in both assessing suicidal intent as well as their role in public mental health and suicide prevention therefore is significant. In addition, embedded within the culture, religion plays a key role in social attitudes to suicide and suicidal attempts. Furthermore, across cultures, sometimes suicidal behaviour is legally proscribed making it impossible to understand the factors leading to suicide and also putting preventive strategies in place.

It is important that not only clinicians but also other stake holders including policy makers take this matter seriously and this volume provides up-to-date research materials and cultural meanings of suicide with additional background. In addition, this volume not only continues the debate on whether cultural variations can explain the rates and types of suicide, but it also discusses how biological factors are in themselves culturally influenced. It provides plenty of thought-provoking material and data and will be of great interest to those who deal with the sequelae and consequences of suicide, but also to those who are interested in culture and its impact on suicide.

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# Preface

This book is about suicide and culture, a topic that has been neglected in suicidology. It differs greatly from the organization of other books that have appeared on this issue, which typically contain chapters on “Suicide in Asia” and “Suicide in Sub-Saharan Africa” or suicide in particular countries.

The present book first examines some of the issues in the study of culture and suicide, beginning with a plea for the role of culture in an era when biological models of suicide have become popular. This is followed by a debate in Chapters 2 and 3 between the two editors on what “the cultural meaning of suicide” means. This section ends with a review of research and theorizing on the role of culture in suicidal behavior in Chapter 4.

The research section begins by presenting the results of a quantitative and qualitative study by Erminia Colucci on the meaning of suicide in three cultures – Australian, Indian, and Italian. Chapter 6 reviews a body of research conducted by Ahmed Abdel-Khalek and David Lester comparing correlates of suicidal behavior in Kuwait and the US, with a critique of this research – what it has accomplished and where it has failed. Chapter 7 reviews what is known about a culturally-bound form of suicide – sati in India.

In Chapter 8, Ben Park explores the role of cultural conflict for understanding suicide in South Korea, and Chapter 9 presents our conclusions.



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# The Issues





# Suicide Research and Prevention: The Importance of Culture in “Biological Times”

Heidi Hjelmeland

Suicide is recognized as a multifactorial phenomenon that can be approached from a range of different perspectives. In his monumental book *Definition of Suicide*, Shneidman (1985) listed the following perspectives: theological, philosophical, demographic, sociological, psychodynamic, psychological, cognitive, biological, evolutionary, constitutional, biochemical, legal, prevention, global, political, and supranational. The importance of the sociocultural context in the development, treatment, and prevention of suicidal behavior should be self-evident from this, and this is widely acknowledged.

Although Shneidman did not mention psychiatry explicitly, there is no doubt that psychiatry is currently one of the most powerful bases for suicidology. In fact, it has been proposed recently to include suicidal behavior as a mental disorder in the upcoming DSM-5 (Berman, 2011; Classen, 2011). This may be perceived as an attempt from (parts of) the psychiatric profession to monopolize suicide prevention. Moreover, it is evident that psychiatry, as well as the behavioral sciences, have developed in a very biological direction (Brinkmann, 2009) and, with the focus on biological and genetic explanations of human behavior on the increase, the focus on cultural explanations is decreasing (Brinkmann, 2009; Lipton, 2010). This will inevitably have implications for suicidology. Indeed, as outlined further below, we may be witnessing a current “biologification” of suicidology. Hence, this biological turn may become, or perhaps already is, an important (political) challenge for the promotion of the importance of cultural issues in suicide research and prevention (Hjelmeland, 2010, 2011).

Alarcón (2009), a leading cultural psychiatrist, claimed that maintaining the focus on cultural issues is an uphill battle in psychiatry, which may make it an uphill battle in suicidology as well. However, there is no doubt that culture is crucial in suicide research and prevention (e.g., Boldt, 1988; Colucci, 2006; Hjelmeland, 2011), and this is the focus of the present chapter. It should, however, be

mentioned at the outset that psychology is, of course, also extremely important in understanding suicidality. According to Shneidman (1985), psychology is *the* most important perspective in suicidology. According to systems theory (Engel, 1977), it is psychology that binds together the biological and sociocultural perspectives. However, the psychological perspective is not discussed in depth in this chapter. The main focus here is on the relationship between biology and culture.

Below, I present evidence that suicidology is currently increasingly biologized, and I discuss some (potential) consequences of this trend, followed by an outline of the importance of including a cultural perspective in *all* suicide research and prevention, even (and particularly) in “biological times.” First, however, I discuss why a focus on biology is important in a chapter and book on culture and suicide.

## Why all the Focus on Biology in this Chapter on Culture?

The main reason to focus on biology is that the natural sciences traditionally have a much higher status and legitimacy and, hence, power compared to the humanistic and social sciences (Brinkmann, 2009). In fact, we sometimes get the impression that natural science (including biology) is considered to be the only *real* kind of science. Moreover, there are strong monetary interests here. If it were possible to find some biological, neurological, or biochemical markers of suicidality, the next step would be to develop medications to treat what is often, although erroneously, referred to as a “chemical imbalance” in the brain. According to Rose (2007), “Whether it is brain scans or genetic tests, all pathways through the brain seem to end in the use of psychopharmaceuticals” (p. 208). Therefore, pharmaceutical companies are eager to fund biological research on suicidal behavior and, indeed, many of the biological projects in the field are funded by the pharmaceutical industry as evidenced by authors’ declarations of interest in published articles. This may contribute to an increased focus on biological research at the expense of equally or more important kinds of research, such as cultural research.

This, in turn, makes it important to be vigilant and aware of the potential consequences (and dangers) of such a development. It is important that the biological perspective develops in *interplay* with the humanistic and social sciences rather than at the cost of them. We must never lose sight of the fact that suicidality is a complex, multifactorial phenomenon (Shneidman, 1985), and that the “road to suicide” differs across cultural groups as well as across individuals within the different cultural groups. Thus, the sociocultural context and, hence, a cultural perspective, is *crucial* in suicide research and prevention. Suicide should never be reduced to a simplistic biological condition that can be treated with medicines for, by doing that,

we would go back to a very mechanistic view of human beings. People are not mechanical machines, responding automatically to biological stimuli, but complex, reflecting, meaning-seeking, relational and goal-oriented beings, and suicide is by definition a conscious, *intentional* act that cannot be reduced to a cause-and-effect relationship with a biological factor. In the words of Lipton (2010), “because we are not powerless biochemical machines, popping a pill every time we are mentally or physically out of tune is not the answer” (p. xxvi). If we get to a point where we try to medicate away the effect of negative life experiences leading to suicidality, which seems to be the aim of some of the biological research in the field, this may have serious effects for our development as human beings.

## Manifestations of a Current “Biologification” of Suicidology

An increased focus on biology in suicide research is apparent in a number of ways. First, a biological turn of the suicidological “language” seems to be developing. For instance, common risk factors are referred to as “endophenotypes” (i.e., genetically induced biological markers; Gottesman & Gould, 2003), whether they are biological or not. Some examples of these markers are partner violence, criminal behavior, firearm ownership (Larkin & Beautrais, 2010), and hopelessness (Lazary et al., 2012). Also, suicidal behavior is itself now referred to as a “phenotype” (e.g., Mann & Currier, 2011). Moreover, since 2003, the concept “suicidal brain” has appeared in the titles of several articles and book chapters (e.g., Audenaert, Peremans, Goethals, & van Heeringen, 2006; Desmyter et al., 2011; van Heeringen, Godfrin, & Bijttebier, 2011; van Heeringen & Marusic, 2003). To refer to suicidal brains rather than to suicidal minds or suicidal persons can be described as a prototypical biological reductionist use of language common within the framework of the biomedical illness model.

Of course, not everyone is using biological concepts such as those referred to above. The biological literature still is only a relatively small part of the suicidological field. However, when texts like these are read together by means of “symptomal reading” (Althusser, 1968/1970), the development of a more biological turn in the language is discernible. Language is power and influences thoughts and actions. The way we use language has implications for how we think and how we act with regard to suicidal behavior and suicidal people. This, in turn, has implications for how we approach suicide prevention.

A second manifestation of a biological turn in suicidology is an increased interest and enthusiasm for (neuro)biological research on suicide. With the new developments in technology, various kinds of brain-imaging studies have received

increasing attention and their potential to contribute to suicide prevention is emphasized (e.g., Audenaert et al., 2005, 2006; Desmyter, van Heeringen, & Audenaert, 2011; Jollant, Lawrence, Olié, Guillaume, & Courtet, 2011; Mann, 2005). With the high status of (neuro)biological research, the monetary interests involved in such research, and the constant emphasis of how promising the results from such studies are, there is every reason to assume that this type of research will increase in the years to come (Restak, 2006).

Researchers have searched for a long time for the genetic underpinnings of suicide, and the mapping of the complete human genome created high expectations with regard to the potential of such research – a third example of the biologification of suicidology. In their review of genetic studies to date, Wasserman, Sokolowski, Wasserman, and Rujescu (2009) listed a number of genes that are of interest in relation to suicidal behavior and, for each of the (candidate) genes presented, they concluded that more studies are needed to clarify the relationship. Marusic and Farmer (2001) called for more molecular genetic research “because this may allow targeting of psychosocial or pharmacotherapeutic interventions at persons of high suicide risk” (p. 196). Thus, there is reason to believe that genetic research will increase significantly in the years to come, perhaps focusing more on biological and clinical endophenotypes relevant to suicide than on suicide *per se* (Mann et al., 2009).

Fourth, depression is claimed to be the most important risk factor for suicide, and even granted causal status by some (e.g., Isacsson & Rich, 2003). About a decade ago, Isacsson (2000) stated that treatment with antidepressants (a biological treatment) might be a medical breakthrough in suicide prevention. Indeed, three years later he claimed that the increased use of antidepressants had saved 2,500 Swedish lives in the last ten years (Isacsson, 2003). Much research on this has been conducted, and the topic has been debated since then.

A curiosity (or maybe not?) can be mentioned as a fifth example of a current biologification of suicidology. The Action Alliance for Suicide Prevention (2011) Research Task Force in the USA included a survey, conducted in the autumn of 2011, asking suicide researchers and others involved in suicide prevention to suggest the aspirational research goals that they thought would most likely contribute to the reduction of the suicide rate in the next five to ten years. To clarify to the participants what was meant by aspirational research goals one of the first examples was “To develop medications that can quickly reduce suicidal thoughts and plans in distressed people.” This can either be a coincidence or be symptomatic of a biological *Zeitgeist* in the field. In the next round of this survey, all the suggestions from participants were summarized and condensed into 12 strategic aspirational goals to be further discussed. “Find better ways to use existing and new biological treatments (e.g., medications) to prevent suicidal behavior” was listed

among the 12, indicating that many of the participants had made suggestions along this line. All of these examples of a "biologification" of suicidology presented above are discussed critically below.

## Culture is Crucial

According to Bhugra and Bhui (2007), "People eat, drink and breathe culture" (p. xvii), and Geertz (1973) maintained that: "there is no such thing as a human nature independent of culture . . . We are . . . incomplete or unfinished animals who complete or finish ourselves through culture" (p. 49). In the words of Markus and Hamedani (2007), "biological beings become human beings through their engagement with the meanings and practices of their social world" (p. 32). In other words, culture is fundamental to people's lives and, hence, will be of crucial importance to their suicidality as well since suicidality is about what kinds of lives people have. Boldt (1988) emphasized that the meaning of suicide is culture-specific and that "no one who commits suicide does so without reference to the prevailing normative standards and attitudes of the cultural community" (p. 106). Thus, to prevent suicide we need to understand what suicidal behavior *means* to people in their particular sociocultural context(s) (Boldt, 1988; Colucci, 2006; Hjelmeland & Knizek, 2011).

Tseng (2007) has emphasized that "... culture has a significant pathofacilitating effect on suicidal behavior" (p. 106), that is, cultural factors contribute significantly to the occurrence of suicidal behavior in a society. Prevalence and risk factors for suicidal behavior do indeed vary across regions, countries, and parts of the world (Vijayakumar, John, Pirkis, & Whiteford 2005a; Vijayakumar, Nagaray, Pirkis, & Whiteford, 2005b;) implying that culture may play an important role in suicidal behavior. Thus, studies in or from different cultural contexts can teach us something about suicidal phenomena (suicidal ideation and nonfatal and fatal suicidal behavior). Such studies will enhance our understanding of what suicidal behavior *means* in different cultural contexts (Hjelmeland & Knizek, 2011). This is important in order to develop the field of suicidology itself, as well as to enable us to develop culture-sensitive knowledge bases for suicide prevention. Also, by looking at suicidal behavior in or from a different cultural context than our own, we can see this behavior in our own culture in a new light and, therefore, get a better understanding of what this behavior means and thus how it best can be prevented (Hjelmeland & Knizek, 2011).

For instance, the strong relationship between mental disorders and suicide, namely that more than 90% of those who kill themselves suffered from one or

more mental disorders, established as a “truth” in the West (e.g., Cavanagh, Carson, Sharpe, & Lawrie, 2003) is not found in other parts of the world (e.g., Chan, Hung, & Yip, 2001; Kizza, Knizek, Kinyanda, & Hjelmeland, in press; Phillips et al., 2002; Vijayakumar et al., 2005a; Yang et al., 2005; Zhang, Conwell, Zhou, & Jiang, 2004). Perhaps the weaker relationship between depression (and other mental disorders) and suicide found outside the West is *not* the anomaly? No one has ever been able to show *how* depression and other mental disorders are related to suicide. In fact, the evidence base for this Western truism is rather weak (Hjelmeland, Dieserud, Dyregrov, Knizek, & Leenaars, 2012). The vast majority, around 95% or more, of people with a diagnosis of depression do *not* kill themselves (e.g., Blair-West, Mellsop, & Eyeson-Annan, 1997). What separates those relatively few depressed people who do kill themselves from those who do not? It is certainly not the depression. Perhaps this relationship, then, is overemphasized in the West because psychiatry there has such a strong position in suicidology? Psychiatrists are medical doctors and hence natural scientists and, as such, they have a higher status than other professional groups. This is then an example of how studies from different cultural contexts can teach us something about the phenomenon of suicide. Perhaps we in the West are looking in the wrong places for the solution to the “enigma” of suicide?

Moreover, taking the numerous definitions of culture into consideration (for references, see Colucci, 2006; Hjelmeland, 2010), it is safe to say that *all* countries are multicultural one way or the other and that currently, “within any specific regions, the populations are rapidly becoming diversified” (Yu, Lui, & Lin, 2007, p. 403). Thus, even if we are not particularly interested in what goes on elsewhere in the world, we need to take cultural aspects of suicidal behavior into consideration in our own multicultural societies, everywhere. In Medin, Unsworth, and Hirschfeld’s (2007) statement that “psychology needs cultural research to be legitimate” (p. 615), “psychology” can indeed be replaced by “suicidology.” If we want to *understand* suicidal behavior and suicidal people, it is absolutely essential to take the cultural context into consideration in *all* kinds of suicidological research, including biological research (e.g., Hjelmeland, 2010). Some reasons for this are outlined in the following section.

## Why Culture is Important Even in Biological Research

First it should be emphasized that (neuro)biological research in suicidology is important. However, there are some important limitations, as well as potentially problematic consequences of such research, that we need not only to be aware

of, but to deal with properly. Brinkmann (2009) pointed to one of the perhaps most problematic consequences, namely that biological research takes the focus away from other equally or more important types of research. If future suicidological research is dominated by the biological aspects of suicidal behavior, we run the risk of going back to a very mechanistic view of human beings, reducing suicide, a conscious and intentional act as well as a highly existential issue, to a mere biological "fault" or "chemical imbalance" that can be treated with medications. This would be a dangerous development, and reasons for why it is absolutely crucial to take the sociocultural context into consideration in biological research are outlined below.

## Genetic Studies

According to Chen et al. (2007), "Biology is not 'culture free,' and findings derived from the field of biological psychiatry need to be understood in the context of culture and ethnicity to avoid misleading and mis-interpretation" (p. 78). For example, most of the phenotypes are not genetically conditioned but culturally induced (Stuppia, 2009), and the same genotype can result in very different phenotypes depending on the cultural context (Kim, Sherman, & Sasaki 2009). This also applies to the phenotype of suicide. However, this information seems to be lost in the focus on biology. It is well recognized in genetics that intentional behavior (e.g., suicide) cannot be reduced to the deterministic cause-and-effect level of a gene (Colbert, 2001). It is also unlikely that several genes in interplay will be able to "cause" such a complex behavior without input from the environment (i.e., certain kinds of experiences). The genetic influence on a complex phenomenon such as (suicidal) behavior would have to be infinitely complex, involving all the developmental, environmental, social, and cultural influences that a human being is exposed to. Rutter (2006) observed that:

First, the genes may code for some polypeptide that is indirectly relevant but yet not involved in the main causal chain. Second, not only are multiple genes affecting proteins involved, but also there are multiple genetic elements that influence the operation of any single gene affecting protein. Third, there are environmental influences on gene expression – the key process that determines the functional operation of genes. Fourth, some genetic effects are contingent on an interaction with specific environmental influences so that any understanding of the causal pathway must incorporate identification of the mechanisms underlying that interplay. Fifth, there will be influences operating on the pathway to the behavior that involve thought processes. (pp. 174–175)



As emphasized above, people are reflective beings and suicide is, by definition, a conscious, intentional act resulting from people's life experiences, experiences that, in turn, will influence the expressions of their genes. In the words of Church (2009), "Not just from day to day, but from second to second, genetic cascades are turned on or off by our experience" (p. 81).

In addition, we have cultural complexities. "Not only may several different genes, or multiple alleles of the same gene, lead to the same trait, but which ones do so may vary geographically" (Rutter, 2006, p. 163). The findings from quantitative genetics must be interpreted with great caution since there is little evidence as to whether genetic influences operate the same way in different ethnic groups, or even across different segments in the same ethnic or cultural group. Research findings may be highly population dependent. Furthermore, it is widely acknowledged that suicidal individuals constitute a highly heterogeneous group both across and within different ethnic, cultural and population groups. Rutter (2006) noted that, even within a relative homogeneous population, there will be individual differences with regard to which genes have contributed to a behavior and that, "when dealing with populations that differ in either their genetic makeup or their life circumstances, or both, the findings may not be the same" (p. 159). Therefore, there is reason to ask whether we can expect much useful knowledge from genetic studies on suicidal behavior. Suicidological studies on genes rarely mention such sociocultural complexities.

Researchers of genetics in suicidology do, however, recognize the importance of environmental factors to some extent. For instance, they often refer to the stress-diathesis model (Mann & Arango, 1992) in which a genetic predisposition is the diathesis (vulnerability) that, in interplay with later life stressors (risk factors), "causes" suicidal behavior. However, here the sociocultural context is also crucial since what constitutes a risk factor varies across cultures (Vijayakumar et al., 2005b). Furthermore, "Even though this model considers environmental events, there is no room for intentionality or purpose in it. If a person is subjected to a stressful event, the event triggers a genetic tendency; then the genetic pre-programming takes over the person's control of his/her behavior" (Colbert, 2001, p. 88). In other words, in the stress-diathesis model, contextual factors are reduced to mere triggers and their meaning and significance for the individuals are thus completely disregarded. Such models cannot explain why the different risk factors contribute to suicide in some but not in most people experiencing them, or why some risk factors are more important in some cultural contexts than in others.

It is also a question of the *relative* importance of a genetic predisposition compared to environmental and contextual factors. For example, Markus and Hamedani (2007) argued that, "before looking for . . . the genetic underpinnings of a given behavior, it would seem wise, and also scientifically sound, to

determine whether a given observed behavior can still be observed once the context shifts" (p. 29). This statement actually may be perceived as an argument for doing cultural research *before* conducting biological research. Perhaps even *instead* of, especially if Francis (2011) is correct in that the payoff of studies on genetic contributions to complex phenomena is uncertain, at best. Colbert (2001) actually claims that genetic psychiatric research is more about statistical manipulations than actual science, and Rogers and Lester (2010) maintained that the biological suicide research "sheds little, if any, light on the etiology of suicide" (p. 56).

The environment or sociocultural context<sup>1</sup> is crucial regardless of the genetic make-up of the individual. Hence, it is important to understand the context making the person suicidal rather than merely treating their symptoms of anguish, despair, or mental pain with medications. This might even make some of the biological research on suicide superfluous but, at the very least, the sociocultural context needs to be taken into consideration in interpreting the results of biological research.

## Antidepressants

The effects of medication have been shown to be culture dependent (Yu et al., 2007), which means, for example, that the cultural context must be considered when using antidepressants. This is often disregarded in the research on the suicide preventive effects of antidepressants, even though research results are mixed with regard to such an effect and the topic, therefore, has been debated during the last decade. In 2010, this debate was summarized in a discussion paper in the *British Journal of Psychiatry* in which Isacsson and Rich argued that "treatment with antidepressants prevents suicide" (p. 429), whereas Juredini and Raven maintained that the evidence base for such a relationship is weak (Isacsson & Rich vs. Jureidini & Raven, 2010). In this debate article, Isacsson and Rich argued *for* a *worldwide* decrease in suicide rates due to the increased use of antidepressants. Governments, for example, will perhaps welcome such simple solutions to complex problems. Researchers have, however, a duty to not contribute to untenable simplification (Hjelmeland, 2011), particularly since we *know* that the relationship between the use of antidepressants and suicidality is rather complex. This was demonstrated in a meta-analysis of 372 double-blind randomized placebo-controlled trials showing that the effect was strongly dependent on age. Only

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<sup>1</sup> Whatever we want to call it – researchers on biological factors seem to prefer environment, perhaps because of its biological connotation?

among older adults (age > 64) was the risk of suicidality found to be reduced with use of antidepressants, whereas there was no effect for the age group 25–64 and even an increased risk for those under 25 years (Stone et al., 2009). Although this meta-analysis focused on age differences, there are reasons to believe that the effect is also culture-dependent (Yu et al., 2007). It is, therefore, crucial to take the cultural context into consideration in studies of antidepressants as well as in their use for suicide prevention.

The basis for the strong faith in the suicide preventive effect of antidepressants is the belief that depression is a causal factor in suicidality (e.g., Isacson & Rich, 2003). However, as mentioned above, the strong relationship between depression and suicide, often referred to in the West, is not found in other parts of the world (e.g., Chan et al., 2001; Kizza et al., in press; Phillips et al., 2002; Vijayakumar et al., 2005a; Yang et al., 2005; Zhang et al., 2004). Moreover, of all the psychiatric diagnoses, depression is the one that raises most questions concerning cross-cultural validity (Fernando, 2003; Jadhav & Littlewood, 1994; Kleinman & Good, 1985). In fact, the transcultural meaning of *all* the traditional psychiatric diagnoses (related to suicide) is very uncertain since they are based on a unicultural, ethnocentric Western psychiatry (Fernando, 2003). This is also important to consider with regard to the current attempt to get suicidal behaviors included as mental disorders in the DSM-5, particularly since psychiatry has a relatively bad track record in terms of recognizing cultural issues in assessment and treatment of mental disorders (Hughes, 1998; Jenkins, 1998; Kirmayer, 1998; Lewis-Fernandez, 1998; Mezzich et al., 1999). It remains to be seen which place culture will have in the DSM-5.

Based on all the above considerations, it would under any circumstances be a bad idea if psychiatry monopolized suicide prevention by including suicidal behavior as a diagnosis in the DSM-5, particularly since psychiatry is moving in a biological direction and since the connection between psychiatry and the pharmaceutical industry is so close – too close, according to some. For instance, in a letter in connection with Lauren Mosher's withdrawal from the American Psychiatric Association circulated on the internet and referred to by Rose (2007), Mosher states that “At this point in history, in my view, psychiatry has been almost completely bought out by the drug companies . . . . No longer do we seek to understand whole persons in their social contexts – rather we are there to realign our patients' neurotransmitters” (p. 218).

## Neuro-Imaging Studies

It is also important for (neuro)biological researchers to recognize that the “suicidal brain” is placed inside the skull of a whole person, and this person is

embedded within his or her specific sociocultural context, a cultural context that consists of several different cultural contexts simultaneously, and many factors in these contexts are *crucial* in the suicidal process, regardless of the individual's biological and genetic makeup. Such an awareness seems, to a large degree, to be absent in (neuro)biological research on suicidal behavior. Although it is recognized that suicide is a multidimensional phenomenon and thus a multidimensional approach is important in research, the focus seems to be on intrapersonal factors only. For instance, Desmyter et al. (2011), in their review of structural and functional neuroimaging studies of the suicidal brain, emphasize "that it is of great importance to realize that one behavior can consist of multiple underlying cognitions, emotions, and thus neurobiological mechanisms." Mann et al. (2006), in their conclusion of their meta-analysis of whether biological tests can predict suicide, stated that, "Predicting risk for completed suicide requires a multidimensional approach that includes biological, clinical, and neuropsychological indices" (p. 472). No mention of contextual or cultural factors was made. Suicidality clearly is defined as something *in* the individual, and the solutions to the problem of suicidality is thus also sought *within* the suicidal individual. It is the individual, rather than the context, making the individual suicidal that is the target for intervention. However, "we now know that culture exerts a more powerful effect than strictly biological factors in shaping our brains" (Restak, 2006, p. 215).

Transcultural neuroimaging has shown that cultural background influences neural activity (Stompe, 2009). Thus, the sociocultural context needs to be considered when interpreting brain images (Restak, 2006). In the words of Restak, "Change the context and you change the brain's response" (p. 86). We know that biological patterns in the brain can be created and changed by experience (e.g., Schwartz & Begley, 2002). Since experiences occur in particular cultural contexts, it should be self-evident why cultural issues must be taken into consideration in the analysis of biological data (e.g., Hjelmeland & Knizek, 2011).

The development of new brain-imaging techniques have contributed to a return toward a mechanistic view of human beings in psychiatry and, hence, in suicidology. As mentioned above, a potential consequence of finding biological markers for suicidal behavior is that this makes it easy to propose biological treatments, such as medication, as the best, cheapest, and easiest possible intervention. As a result of the high cost of brain-imaging equipment, it is not likely that culture-specific MRI studies will be conducted on a large scale, especially in low income countries, but it is not unlikely that, for instance, some pharmaceutical companies will generalize the effect of medicines from one cultural context to another (it has been known to happen) although, as mentioned above, there is evidence of culture, both the clinician's culture as well as the patient's culture,